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Bib Data Sheet

CONFIRMATION NO. 7526

<b>SERIAL NUMBER</b> 10743,436	<b>FILING OR 371(c) DATE</b> 12/23/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3767	<b>ATTORNEY DOCKET NO.</b> 88066-5499	
<b>APPLICANTS</b> Mark W. Rice, Minneapolis, MN; Paul R. Lesch JR., Lexington, MN; Sheldon J. Nelson, New Hope, MN; Timothy D. Byland, Savage, MN;					
<b>** CONTINUING DATA *****</b> This application is a CON of 09/692,487 10/20/2000 PAT 6,673,035 which claims benefit of 60/160,893 10/22/1999 <i>CPM 7/18/06</i>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/03/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Examiner's Signature</i> <i>Initials</i>		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 28765					
<b>TITLE</b> Medical injector and medicament loading system for use therewith					
<b>FILING FEE RECEIVED</b> 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		